PTO/SB/01 (03-01)
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	Attorney Docket Number	ROODF 103			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Leonard D. Rood			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
Declaration Submitted With Initial Filing  Submitted of Submitted after Initial Filing (37 CFR 1.16 (e)) required)	Filing Date				
	Group Art Unit				
	Examiner Name				

·	required)	Examiner Name	<del>)</del>		
As a below named inventor, I he	reby declare that:				
My residence, mailing address, an	d citizenship are as stat	ed below next to my nam	ne.		
I believe I am the original, first and	, ,			•	\ .
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  TREATMENT FOR IMPROVING CELLULOSE INSULATION					
	(Title of t	the Invention)			
the specification of which	· · · · · -	,,,			
X is attached hereto					
OR was filed on (MM/DD/YYYY)					
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).				
I hereby state that I have reviewed amended by any amendment spec			tified specification	, including the cla	ims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av	ailable between the filing	defined in 37 CFI date of the prior	R 1.56, including fapplication and the	or continuation- ne national or
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	oy Attached? NO
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SR	/02B attached her	eto:

[Page 1 of 2]

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# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer No or Bar Code		02555		OR	X	Correspondence address below
Frank H. Foster  Name KREMBLAS, FOSTER, PHILLIPS &	& POL	.LICK				
Address 7632 Slate Ridge Blvd.		<del></del>				
City Reynoldsburg			State O	Ohio		<b>ZIP</b> 43068
Country US	Telept	ohone 614/575	5-2100			Fax 614/575-2149
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ements v oth, unde	. were made with I	the knowl	dedae th	not swillfre	ul folco etatomonto and the like e-
NAME OF SOLE OR FIRST INVENTOR :		A petition ha	s been '	filed fo	r this ι	unsigned inventor
Given Name (first and middle [if any]) Leonard D.		i i	Family Na or Surnar		Rood	d
Inventor's Signature Seouvel S.	P	lood	<u> </u>			8 -20-01 Date
Residence: City Boynton Beach		State Florida	Co	ountry (	JS	Citizenship US
Mailing Address 10586 Tropical Breeze Lane			<del></del>			
City Boynton Beach		State Florida	ZI	IP 334	137	Country US
NAME OF SECOND INVENTOR:		A petition has I	been file	ed for ti	his uns	signed inventor
Given Name (first and middle [if any])		1	Family Nar or Surnam	-		
Inventor's Signature						Date
Residence: City	St	tate	Count	try		Citizenship
Mailing Address	-			_		
City  Additional inventors are being named on the		state	ZIP			Country O/SB/02A attached hereto.

	/Ef	_

I hereby appoint:

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Please type a plus sign (+) inside this box	<b></b> ▶	+
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#### F ATTORNEY OR ATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Leonard D. Rood
Title	TREATMENT FOR IMPROVING CELLULOSE INSULATION
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROODF 103

X Practitioners at  OR  X Practitioner(s) n	Customer Number 02555		→ N	lace Customer umber Bar Code abel here	
riacitioner(s) fi					
Frank H. Fos	Name	+-	Registration 24,560	Number	
Francis T. Kı	· · · · · · · · · · · · · · · · · · ·				
Patrick P. Ph			22,773		
Philip J. Polli			<u>29,690</u> <u>29,692</u>		
as my/our attorney(s) o business in the United	r agent(s) to prosecute the application States Patent and Trademark Office co espondence address for the above-ider	nnecte	ed therewith.	to transact all	
X The above-mentio  OR Practitioners at Cu  OR	ned Customer Number.		Place	Customer er Bar Code here	
X Firm or Individual Name	Frank H. Foster				
Address	KREMBLAS, FOSTER, PHILLIPS & POL	LICK			
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City	Reynoldsburg	State	Ohio	Zip 43068	
Country	USA				
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Assign	ee of F	Record		
Name Leona	rd D. Rood				
Signature David Hood					
Date 8-Ze-0/					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Total of for	ms are submitted.				

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#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Leonard D. Rood
Title	TREATMENT FOR IMPROVING CELLULOSE INSULATION
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROODF 103

OR  X Practitioner(s) na  Jason H. Fos	Name ter		Registration N	el here	ar Code
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					act all
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Number Bar Code Label here					
X Firm <i>or</i> Individual Name	Frank H. Foster				
Address	KREMBLAS, FOSTER, PHILLIPS & POLL	ICK			
Address	7632 Slate Ridge Blvd.	Т		1	F
City	1 To Jillo Gobbarg	State	Ohio	Zip	43068
Country	USA		614/575 2140		
Telephone 614/575-2100 Fax 614/575-2149  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Assigne	e of R	lecord		
Name Leonard D. Rood Signature Date  \$\int 20 - 20 - 01\$					
NOTE: Signatures of all the inve- forms if more than one signature	ntors or assignees of record of the entire interest or is required, see below*.	r their	representative(s) a	re requi	red. Submit multiple
	rms are submitted.				

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## **PCT**

### POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated)	ted as they c	uppear in the reques).	
ROOD, Leonard D. 10586 Tropical Breeze La Boynton Beach, FL 33437 United States of America	7		
hereby appoints (appoint) the following person as:  Name and address (Family name followed by given name; for a legal entity, full			mmon representative t include postal code and name of country.)
FOSTER, FRANK H. KREMBLAS, FOSTER, PHILLIPS & POLLICK 7632 Slate Ridge Blvd. Reynoldsburg, Ohio 43068 United States of America	and	KREMBLAS, FRA FOSTER, Jason I PHILLIPS, Patrick POLLICK, Philip HALSEY, Richard	H.; < P. J.
to represent the undersigned before	×	all the competent Interr the International Search the International Prelim	
in connection with the international application identif	fied below:		
Title of the invention: TREATMENT F	FOR IMPR	ROVING CELLULOSE II	NSULATION
Applicant's or agent's file reference: R	ROODF 10	)3	
International application number (if al	lready ava	nilable):	
filed with the following Office U.S. Patent and and to make or receive payments on behalf of the under	Trademar rsigned.	k Office	as receiving Office
Signature of the applicant(s) (where there are several applicant the capacity in which the p	cants, each oj person signs,	f them must sign; next to each . if such capacity is not obvious	signature, indicate the name of the person signing from reading the request or this power):
Court D. Rood			
Date: 8-20-01			